## L23000393283

(Requ	estor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
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COVE	CR LETTER	
TO: Registration Section Division of Corporations	4	
SUBJECT: C.M.K Management Name of Limite	n+ (C) ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Charie Moreno Name of Person		
C.M.K Manggement LLC Firm/Company		
292 Wettering Rd		
Deltong FL 32775  City/State and Zip Code		
E-mail address: (to be used for future annual report r	notification)	
For further information concerning this matter, please call	:	
Charce Moreno at ( 3	86 301 3928	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: (_, M, K	. Manggement LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
292 Kettering Rd	292 Ketterins Rel
Deltong FL 32725	Deltong Fr 32725
8/25/2023	L23000393283
3. Date of filing/registration in Florida	4. Document number
5. (a) United States Collaboration A & Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET	f the Florida Dept. of State:
1976 Riverside Ave Jacksonville Fi	
Enter name of NEW Registered Agent and/or NEW Registered	1747 AASS
NEW Registered Office Address:  292 Ketterins Rd	PR 4: 28 EF, FLORIDA
Deltong FL FI	L 32725
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited li was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent